



6th Annual Housing Institute

***"Moving Forward Together... Finding Collaborative
Solutions in Permanent Housing"***

June 12 & 13, 2013

California Endowment Center

1000 N. Alameda St.

Los Angeles, CA 90012

A Unique Perspective on Supportive Housing

**(Partnership with SRO Housing Corporation and the
Los Angeles County Downtown Mental Health Center)**

A Unique Perspective on Permanent Supportive Housing

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Presenters:

Lawrence **Hurst**, LCSW, BCD, District Chief, Skid Row and Hollywood Programs, Los Angeles County Department of Mental Health, LHurst@dmh.lacounty.gov, (213) 633-2903,
Thandiwe **Gregory**, MSW, Housing Coordinator, Downtown Mental Health Center, Los Angeles County Department of Mental Health, ThGregory@dmh.lacounty.gov, (213) 430-6700,
Ervin R. **Munro**, M.S., Director of Social Services, Single Room Occupancy (SRO) Housing Corporation, Los Angeles, ervinm@srohousing.org, (213) 229-9640, Ext. 41
M. Yesenia **Ortega**, BSW, Service Coordinator, Renato Apartments, SRO Housing, Corporation, Los Angeles, yesenia@srohousing.org, (213) 572-0522
Durian **Dunbar**, Property Manager, Renato Apartments, SRO Housing Corporation, Los Angeles, Renato@srohousing.org, (213) 572-0521

Type of Proposal: Delivery of Supportive Services

Length: 1.5 Hours

Abstract:

This workshop is designed for Property Managers, Service Coordinators, Case Managers, Supervisors, Funders, Housing Developers, Social Service Providers, Mental Health Practitioners, and others who work with homeless and very low-income individuals to provide affordable housing and supportive services. By learning a few basic philosophical positions and approaches to providing supportive services for special needs populations, the participants will be able to efficiently and effectively guide clients/residents through a process leading to stability and harmony within their housing facilities. The role of supportive services staff in this process is to guide the consumer toward a resolution rather than just telling the person what s/he *should do* to meet his/her needs. Utilizing this process will result in a coordinated effort among the Property Manager, Service Coordinator, Clinical Provider, and the Residents.

Learning Objectives:

Participants will learn to: 1) Define Permanent Supportive Housing 2) Define the roles of Service Coordinator, Property Manager, and Clinical Provider, 3) Describe a model that blends housing and supportive services.

Presentation:

This presentation is designed to address common concerns of Property Managers and Supportive Services staff who work with special needs populations in permanent supportive housing situations. The presenters will define what permanent supportive housing is and how property management staff can effectively work in conjunction with supportive services staff to provide the best services possible to sustain housing and to ensure clients/residents are guaranteed their right to self-determination. Through this co-operative approach, it has been demonstrated that consumers were more willing to implement their plans and meet with success leading toward self-sufficiency and independent living. Participants will learn about the different roles of the providers and how they dove-tail together. They will also learn how to respect and use the tension between the support service and property management roles.

Biographies:

Lawrence Hurst, LCSW, BCD, is a native of Los Angeles, and has been a Social Worker for the past 36 years, having been awarded a Master's in Social Work from the University of Southern California in 1976. His appetite for the field began at age 17, when as a freshman in college, he co-founded the inter-community, inter-faith group called VOICE. Since then, he has worked in a myriad of settings, from community organizing with welfare rights organizations, to grant writing and program development, working with individuals with developmental special needs, abused and neglected youth, and individuals with co-occurring mental health, medical, and substance use issues. Since 1995, Mr. Hurst has worked with the Los Angeles County Department of Mental Health (DMH); the last ten years of which have been in the "Skid Row" area where he has significantly expanded the scope of mental health and co-occurring disorder services. He is the Service Area 4 District Chief for the six DMH run mental health programs in the "Skid Row" and Hollywood areas, and represents DMH in a number of multi-agency collaborations in both areas.

Thandiwe D. Gregory, MSW, is a native of Chicago, IL and has always been active in the field of Social Worker. Beginning at the tender age of 13, you could find her volunteering in the Social Service Department of the local Salvation Army. Her passion for social work continued to blossom as she worked side by side with Social Workers in Third World countries across the globe. Although, Ms. Gregory received her Masters of Social Work from the University of Southern California in 2008, she has had a multitude of roles and responsibilities and worked in a variety of populations and social work settings including Residential Care, Case Management, Full Service Partnership, Family Preservation and Adult Day Healthcare. Currently, she is a Psychiatric Social Worker for the Department of Mental Health and works with homeless adults living with severe and persistent mental illness in the "Skid Row" area of downtown Los Angeles.

Ervin R. Munro, M.S., is the Director of Social Services for the Single Room Occupancy (SRO) Housing Corporation in Los Angeles, California. He has a Master of Science degree in School Psychology and a Bachelor of Science degree in Education from the University of Wisconsin—Whitewater. He has worked in the human services field for over 35 years as an educator, licensed school psychologist, case manager, and program manager of case management services in a variety of settings. Mr. Munro has worked with many populations including homeless, mentally ill, elderly, substance abusers, runaway/throwaway youth, immigrants, and persons affected by HIV disease. He has trained the staffs of dozens of social service agencies and has received several awards and commendations for his workshops.

M. Yesenia Ortega is the Service Coordinator for the Renato Apartments at SRO Housing Corporation. This new \$25,000,000 facility houses 96 residents, 38 of whom have special needs. Ms. Ortega received her Bachelor of Arts degree in Social Worker from California State University, Chico. Some of her previous work experiences included providing services for persons with HIV/AIDS, services for battered women, and working in the U.S. Peace Corps in Guatemala for three years. Currently, she coordinates supportive services for formerly homeless and very low-income residents at the Renato Apartments.

Durian Dunbar is the Property Manager for the Renato Apartments at SRO Housing Corporation. This new \$25,000,000 facility houses 96 residents, 38 of whom have special needs. Mr. Dunbar worked as a Property Manager in the for-profit world before coming to SRO Housing Corporation to work in the affordable, supportive-housing world in the heart of "Skid Row". He has been an active participant in providing supportive housing in conjunction with the Los Angeles County Department of Mental Health, the Corporation for Supportive Housing, and others, aimed toward providing the best services possible for formerly homeless and very low-income residents.

History of Downtown Los Angeles' "Skid Row"

The "Skid Row"¹ of Los Angeles is a portion of the area in downtown Los Angeles east of the Financial District and the Historic Downtown Center, partially overlaying the core of the downtown Industrial District. It is generally referred to by the City as part of the "Central City East" area, a fifty-block sector of downtown bounded by Main Street (west), Third Street (north), Alameda Street (east) and Seventh Street (south), although Skid Row's boundaries are actually somewhat fluid.

The area in which Skid Row is located was agricultural until the railroads first entered Los Angeles, in the 1870s. The railroads paralleled the Los Angeles River, and the main rail yard and station were near the current Sixth Street/Whittier Boulevard river crossing. After the arrival of the railroads, the area began to industrialize with an emphasis on agriculture, which is seasonal in nature and therefore includes influxes of short-term workers, especially at planting and harvesting season. The railroads themselves added to the transient nature of downtown as train crews "laid over" between assignments. As a result, many small hotels were developed in the 1880 to 1930 era to serve this worker population. Since many of the migrant workers were single and male, the area also saw a proliferation of bars, whorehouses and other "houses of ill repute." Today there is a large mission presence in Skid Row which can trace its roots to that period, when temperance and other groups established such facilities as havens to counteract the ill effects of, and provide a healthy alternative to, the bars and other potentially self-destructive pursuits.

The area's proximity to the railroad station also made it the point of first arrival for all types of migrants, including those who migrated for economic reasons from elsewhere in the United States during and after each major recession or depression. In particular, during the Great Depression of the 1930's, many displaced farmers and workers from the Midwest and South came to Los Angeles, often having abandoned their families, and/or becoming alcoholics – the "hobos" and "bums" who "rode the rails" were the homeless of their day and the social service organizations began to evolve into service centers for such populations. A portion of this population settled permanently in the area and became the base of today's elderly population in Central City East.

During the Second World War and the Viet Nam conflict, numerous military personnel and transient young men passed through Los Angeles, and the missions served as havens for them during their journeys. This previous exposure to Skid Row attracted numerous returning drug- and alcohol-addicted and emotionally scarred Viet Nam veterans to come back to and settle in Los Angeles. The veterans found Skid Row accommodating because of (1) the presence of service facilities and providers and (2) the rejection they faced in other communities. It was after the Viet Nam era that the demographics of the area changed from predominantly elderly, white and alcohol-dependent to predominantly young, nonwhite and drug-dependent.

In the 1960's, noting that many of the area's small hotels – because of their age and lack of upkeep did not meet the fire and safety codes—the City cited many of the small hotel owners. The code conformance orders allowed leeway for owners to either repair or demolish the structures. As a result of hotel owners facing costly repairs and limited income from the hotels' low rents, this leeway had the unintended consequence of numerous demolitions. In total the loss of 50% of the housing stock – from approximately 15,000 units in the early 1960's to 7,500 units in the early 1970's –

¹ The term "Skid Row" derives from Seattle, Washington, where "skid roads" were the places that loggers slid their cut timber to the ports for shipment. By the 1930's the term referred to the rundown areas of cities, characterized by bars, brothels and the like originally attracted by loggers, and began to include the presence of homeless and other extremely low income populations.

contributed to the displacement of a significant number of extremely low-income, substance dependent and/or mentally unstable persons who had settled in Central City East.

In 1975, the area became part of the then newly adopted Central Business District Redevelopment Project Area. A Blue Ribbon Committee comprised of civic leaders, business persons and academics established shortly after adoption of the Project Area issued a report in 1976 calling for the preservation of the remaining housing stock and other steps to address the social, economic and medical problems of the downtown population. As a result, Los Angeles embarked on a program of acquiring, rehabilitating and managing the remaining single-room-occupancy hotel units and adding a limited number of community amenities, most notably two vest-pocket parks, clinics and shelter facilities. To date, roughly 3,500 of the surviving 7,500 single-room-occupancy units have been acquired and rehabilitated or replaced. Another unintended consequence of the City's action, however, has been that other communities were then able not to provide for their own social needs, but rather shipped their homeless and problem populations to downtown Los Angeles.

The area of these small hotels, missions and shelters is also characterized by numerous industrial, warehousing and distribution activities. This local manufacturing, processing and wholesale sector of the economy, which also dates to the coming of the railroads, has been growing significantly; a sharp contrast to the sluggish performance of other sectors of the economy on the national level. Because many of these businesses are small, often run by immigrants and employing low-skilled workers who do not have transportation options, these businesses need to remain close to the City's core. As they expand, however, they put pressure on the limited housing stock in the area, raising the specter of additional loss of the area's very low cost housing stock. In addition, many of the businesses are food-based, which engenders serious public health problems in a dense area with a large street population lacking access to sanitary facilities.

Moreover, while throughout most of its history the area's population has been predominantly single and male, the recession of the 1990's resulted in many middle class families breaking up, with both single adults on their own and single adults (mostly women) with children arriving in Skid Row and in need of shelter and other assistance.

Today the Central City East area, including Skid Row, contains a population of approximately 12,000 persons. Approximately 8,000 of them live permanently or semi-permanently in the 6,500 single-room-occupancy hotel rooms and approximately 2,000 persons occupy beds in shelter and transitional facilities, for periods of time ranging from days to several months. The population living on the streets is variously estimated by the Los Angeles Homeless Services Authority, the Los Angeles Police Department and others, and numbers are estimated to range from 2,000 to 4,500 or 5,000 persons, with the numbers changing both seasonally and throughout the month. While the population is still predominantly made of up single males, there are increasing numbers of women and children, now pushing five to ten percent of the total population on Skid Row.

With the increasing popularity of communities surrounding Central City East for middle- and upper-income housing, along with the pressure for expansion of local industries, there are concerns for the potential for some of the Skid Row housing to be displaced. As a result, it is becoming increasingly important to identify mechanisms to deal with – and, hopefully, solve – chronic homelessness in Los Angeles.

http://www.lachamber.com/clientuploads/LUCH_committee/102208_History_of_Skid_Row.pdf

Presentation Outline

A Unique Perspective on Supportive Housing

SRO Housing Corporation and Downtown Mental Health Center

**Thursday, June 13, 2013
3:15 p.m.**

- 1. Overview of Workshop – Ervin Munro**
- 2. Introduction of Panelists:**
 - a. Director of Social Services – Ervin Munro**
 - b. Service Coordinator – Yesenia Ortega**
 - c. Property Manager – Durian Dunbar**
 - d. Housing Coordinator – Thandiwe Gregory**
 - e. District Chief – Larry Hurst**
- 3. Definition of Behavior (Exercise) – Ervin Munro**
- 4. General Philosophy of Supportive Services – Larry Hurst**

Respect and regard, right to self-determination, proactive vs. reactive, advocacy, striving toward independence, normalcy, self-sufficiency, harm-reduction, wellness, recovery, sustain housing and avoid eviction, maximum interventions, etc.
- 5. Service Coordination – Discussion of the various Permanent Supportive Housing (PSH) components and how they blend:**

a. Property Manager – Durian Dunbar

- i. What is different about the role of a PSH Property Manager vs. a conventional Property Manager?**
- ii. What is the procedure if a resident's behavior is observed to be in conflict with the lease agreement or dramatically different?**

b. Service Coordinator – Yesenia Ortega

- i. What is the role of the Service Coordinator in conjunction with the Property Manager, on-site services, and community services to address identified needs of residents?**

c. Downtown Mental Health Staff – Thandiwe Gregory and Larry Hurst

- i. What is the role of the professional staff of the collaborating agency relative to the reported resident needs?**

d. How do the three entities come together to address resident needs?

e. What are some concrete actions the PSH team can take to address resident needs?

6. Putting it in action...

- a. Resident candidate identification (*How do we know a person is ready for permanent housing?*)**
- b. Application, selection process, move-in**
- c. Orientation and sustaining the person's residency through service coordination, property management, and other service provision**
- d. Proactive vs. Reactive approach to residents**
- e. Problem-Solving/Decision-Making Process**

7. Questions and Answers

Is it a Behavior or a Label?

Please put a “B” or an “L” in front of each of the following:

- | | |
|--------------------|---------------------------|
| ___ depressed | ___ ridiculous |
| ___ mean | ___ laughing |
| ___ shouting | ___ arguing |
| ___ angry | ___ stealing |
| ___ smoking | ___ irritating |
| ___ slamming doors | ___ pounding fist on door |
| ___ disrespectful | ___ promiscuous |
| ___ argumentative | ___ lazy |
| ___ eating | ___ running |
| ___ disrobing | ___ spitting |
| ___ fighting | ___ drunk |
| ___ outrageous | ___ runs in and out |
| ___ disruptive | ___ crazy |
| ___ jerk | ___ talking loudly |
| ___ crying | ___ old |
| ___ obnoxious | ___ discourteous |
| ___ rude | ___ happy |
| ___ uncooperative | ___ sad |
| ___ washing hands | ___ filthy |
| ___ kicking | ___ liberal-minded |

What is Behavior?

In general, **behavior** is only two things. Either the person “said” something or “did” something. Most everything else that we use to describe behavior is really labeling behavior rather than identifying behavior. **Behavior** is observable and measurable.

Labels are the conclusions we draw from observing behavior, e.g. if I observe someone moving slowly, holding her head down, and talking slowly with slurred words, I may say, “She is depressed.” When in fact, she may be over-medicated, ill, tired, emotionally distraught, under the influence, etc. We don’t know what is causing her to behave in the manner she is, only that she is moving slowly, holding her head down, and talking slowly with slurred words.

Remember, a behavior is observable and measurable. If you can’t see it or hear it, it probably doesn’t exist. A label is a conclusion you have made about an observation. For example, if we say, the client fell down three times in a ten-minute period, that “behavior” is observable and measurable. However, if we say the person was “drunk”, that is not observable or measurable. Therefore, “drunk” is a label. From this description, we do not know what caused the person to fall down. S/he may or may not be drunk.

Sometimes, we also personalize and emotionalize behavior. For example, a client may walk down the hallway and spit on the floor. The Janitor just finished mopping the floor and becomes very angry, throws his mop on the floor, and starts yelling at the client, calling him a series of bad things.

The Janitor may have **personalized** the client’s behavior if he felt that the client did this “despicable” act just to spite him. It is as if the client woke up this morning and thought, “I’m going to go downstairs and spit on the floor in front of the Janitor just to make him angry today.” The Janitor acts as if this event occurred exclusively for him.

The fact that the Janitor also reacted angrily to the event means that he **emotionalized** the behavior/event. He chose the feelings he wanted in order to respond to the event. We are in charge of our own feelings. The Janitor could have selected other responses/feelings such as ignoring the behavior, reporting the behavior to the Case Manager, cleaning up the mess and moving on, reporting it to the Housing Manager, etc. However, he chose to react to the behavior and he chose negative feelings.

Behavior – anything that an organism does involving action and response to stimulation.

Webster’s Ninth New Collegiate Dictionary

SERVICE COORDINATION

What is Service Coordination?

History of Service Coordination

Resident Service Coordination became recognized as an important part of property management through successful demonstration programs in the early 1990s sponsored by the Robert Wood Johnson Foundation, the National Association of State Housing Authorities, the U.S. Administration on Aging and the ongoing funding of this position by the U.S. Department of Housing and Urban Development.

The American Association of Services Coordinators (AASC) was founded in 1999. AASC is a leader in advocating for service coordination to be recognized as a profession and for HUD funding of Service Coordinators in elderly properties. They hold an annual conference and have developed a Standards of Practice and Code of Ethics booklet, a policies and procedures manual, on-line courses that meet HUD training requirements and a web-based data management system for Serviced Coordinator' reporting. For more information visit their website at www.servicecoordinator.org.

Service Coordinators and Social Work

In many ways, Service Coordinators and Social Workers share a common goal: to assist people in need to access the resources and services they need to survive and thrive in their lives. In developing the standards of practice and code of ethics, AASC drew heavily from the National Association of Social Worker's materials. Like the Social Worker, the Service Coordinator is committed to working with people in a way that is nonjudgmental, nonintrusive and confidential, and in promoting resident empowerment and autonomy. However, social work often takes the form of assessing a person's needs and making recommendations for his/her care and this is where the Service Coordinator field diverges.

It is often a Social Worker's role to assess a situation and make a recommendation based on his/her expertise as to what the person/family needs. Recommendations made by Social Workers often have life altering impact on an individual and his/her family. The role of the Social Worker is to advocate for what s/he believes to be in the best interest of the person/family. It is not a part of the Service Coordinator's role to make these kinds of assessments and determinations.

The role of the Service Coordinator is to enable residents to live as independently and self-sufficiently as possible by informing them of available services and assisting them in obtaining the services they choose to use, including advocating for the resident when necessary. The Service Coordinator's assessment of a resident's needs focuses on what the Service Coordinator can objectively see, what third parties have reported and what the resident reports. With this assessment the Service Coordinator provides the resident information on services and resources that may help and assist with linking residents with the services they want. The Service Coordinator also provides residents (and their families, as appropriate) with

information on the potential consequences of the choices they are considering, including the Service Coordinator's need to file a Protective Services report for some outcomes.

The Service Coordinator makes referrals to appropriate professionals, including Social Workers, for more in-depth and hands-on assessments. Resident's choice and the freedom to make their own decisions is the bottom line, even if their choice is considered poor from the Service Coordinator professional viewpoint.

As important as the Service Coordinator work with individuals, the Service Coordinator's work to promote safe living environments and encourage the growth of the community is equally important. The Service Coordinator into the housing community for the benefit of many of the residents. When hiring a Service Coordinator, her/his personal attributes, knowledge and skills are vitally important, more so than her/his educational level.

The following essential attributes, knowledge, skills, education and experience provides the foundation for an effective Service Coordinator:

Personal Attributes:

- Has a sense of humor.
- Has a positive, open, caring, non-judgmental and non-patronizing demeanor.
- Has a positive self-esteem.
- Behaves ethically and sets appropriate boundaries.
- Is willing and able to continue learning through formal and informal education.
- Is open to suggestions and positive criticism.
- Is responsive and flexible.
- Is a team player and consensus builder.
- Develops positive professional relationships for peer support and networking.

Knowledge Base:

- Understands family life cycle issues.
- Understands human relations.
- Understands group processes.
- Understands housing rules and regulations such as Fair Housing, the Americans with Disabilities Act and reasonable accommodation.

- Understands disability issues and adaptive devices.
- Understands entitlement programs and other federal, state and community resources.
- Understand confidentiality and disclosure requirements.

Skills:

- Excels at listening.
- Possesses excellent written and oral communication skills.
- Establishes trust quickly.
- Excels at addressing individual and group conflicts.
- Excels at motivating individuals of varying ages and abilities.
- Flexibly handles situations as they arise.
- Excels at time management and organization.
- Sets limits and boundaries effectively.
- Treats all residents fairly and equitably.
- Remains calm in crisis situations.
- Networks with community agencies to access programs for residents.
- Advocates effectively for residents when needed.
- Excels at problem-solving.

Education, Training and Experience:

- A Bachelor of Social Work or related degree or an equivalent combination of education and experience.
- A minimum of 36 hours of training prior to hiring or within the first 12 months on the job covering all of the following areas:
 - Aging process (if serving the elderly)
 - Elder services (if serving the elderly)
 - Strategies for dealing with cognitive impairments

- Economic development and employment opportunities
 - Domestic violence, elder abuse and child abuse
 - Building safe communities
 - Disability Services
 - Eligibility for and procedures of federal and applicable state entitlement programs
 - Legal liability issues relating to providing service coordination
 - Drug and alcohol use and abuse
 - Mental health issues
 - Strategies for communicating effectively in difficult situations
- A minimum of 12 hours of continuing education each year.
 - Two to three years of experience in social service delivery with senior citizens, non-elderly disabled, low-income families and/or children depending on the resident population.
 - Supervisory and management experience if the Service Coordinator oversees others.
 - Demonstrated working knowledge of entitlement programs, supportive services and other resources for the resident population they are being hired to serve.

The Service Coordinator Role as an Advocate

To advocate is to act in support of a cause or proposal. Often times, it is working to access services, benefits, or other necessary supports. Advocacy is an important skill for Service Coordinators, as many residents may not feel empowered to advocate for themselves. Whether teaching residents to advocate for themselves or advocating on their behalf, it is essential to gain the resident's permission before acting. Advocacy can be on behalf of a group of residents or for one resident.

It may include the following:

- Advocating for services or increased services from a local agency or provider.
- Advocating a resident's cause with an entitlement agency, for example the resident's need for a home visit, waiver of rules or other reasonable accommodation.
- Working with the Property Manager to approve reasonable accommodation requests.
- Working with care providers to take advantage of economies of scale by providing services onsite.
- Problem-solving with community agencies.

- Providing education and information to service providers or state agencies about resident's needs or lack of resources.

Encouraging Resident Self-Advocacy:

- Organizing skill development workshops on topics such as empowerment and assertiveness so residents can learn self-advocacy.
- Assisting residents with documenting problems effectively.
- Offering letter writing assistance.
- Offering support for family or agency meetings.
- Role-playing with residents to demonstrate how they can assert their needs or wishes with service providers and others.

Essentials for modeling advocacy for residents:

- Respecting confidentiality.
- Acting responsibly and teaching residents to act responsibly by observing rules and regulations of all programs.
- Using diplomacy, courtesy and respect—encourage residents to do the same—when writing or speaking to management or outside agencies.
- Documenting the problem and the response of those contacted.
- Seeking out the problem-solver and coming to the table as a problem-solver (not a complainer) when working with other organizations.
- Asking questions to gather information without being argumentative.

Supportive Services from a Clinical Perspective

The transition from homelessness to permanent housing is huge. It may appear easy on the outside, yet it requires the client/resident to embark on an intricate and sometimes arduous road to successfully maintain permanent housing. For some, this journey may be quite an emotional roller coaster which, to say the least, is challenging overall. Once housed, residents can begin to address underlying clinical issues which may have contributed to their homelessness in the first place. Since they are no longer struggling with the most fundamental of human needs, they now have the opportunity to focus on social skills, establish a sense of community, work on their self-esteem and inner peace, as well as, to begin to learn positive coping and problem-solving skills.

As previous concerns of where they were going to sleep, get there next meal, take a shower, or even go to the restroom, begin to slip away, mental health symptoms may become even more apparent and need to be addressed. This is the time when clinical supportive services are crucial.

The following are essential aspects of providing supportive services from a clinical perspective:

- Provide a warm, safe, secure, structured, nurturing environment in a group setting to openly share at the resident's place of living, usually in the community room
- Address mental health concerns that may arise when permanently housed
- Assess and provide crisis intervention services, as needed
- Facilitate with the transitioning from homelessness and the adjustment to permanent housing by providing support, validation, normalization and acknowledgment during this phase and beyond
- Assist with attaining basic household necessities
- Link to community resources for additional support
- Teach social, coping and problem-solving skills
- Model appropriate social, coping and problem-solving skills.
- Provide psycho-education information/training, as needed
- Collaborate with the Service Coordinator and Property Manager, as needed

Role of the Property Manager

- Ensure the physical maintenance of the housing complex.
- Ensure the safety and security of the complex and its residents.
- Manage the property.
 - Handle new admissions
 - Market the housing complex.
 - Promote resident retention.
 - Collect rent, manage occupancy issues, enforce the lease and deal with compliance issues
- Monitor the budget and be responsible for other financial management.
- Provide information and referrals to the Service Coordinator.

- Assist and participate in the planning of activities and services and coordinate activities with service providers as needed.
- Adhere to and comply with government and funding source regulations and requirements.
- Supervise property staff.
- Inform Service Coordinator during the walk-through of new residents.

The Successful and Effective Management Team: The Service Coordinator, Clinical Provider, and Property Manager

The work for the Service Coordinator, Clinical Provider, and Property Manager compliment each other's role in a successful and effective management team. The key to a successful relationship is based upon the understanding and clarity of each person's role and responsibility as well as the willingness and commitment to a collaborative team approach. It is critical that all parties have open communication and regularly update each other.

Successful Management Teams:

- Are committed to the team approach and to the mission of the housing complex.
- Educate and orient all staff and residents regarding the role and responsibilities of the Service Coordinator, Clinical Provider and Property Manager.
- Establish and work toward common goals.
- Work to improve policies and procedures within the housing complex.
- Have mutual respect for one another's professional boundaries, roles and areas of expertise.
- Understand and recognize the benefits of one another's roles and responsibilities.
- Establish a Service Coordinator referral process and form.
- Establish maintenance and management request forms and process.
- Communicate processes, policies and procedures to residents.
- Support one another and present a united team approach to residents, to the rest of the staff and to the community at large.
- Communicate effectively by providing, seeking and valuing feedback from one another.
- Establish a team process for problem and conflict resolution.

- Share knowledge of training and networking opportunities.
- Attend joint training opportunities.
- Respect and maintain resident confidentiality.
- Respond to each other in a timely, courteous and respectful manner.
- Share relevant written materials, memos, lease violations, notices and updates on a regular basis.
- Meet and communicate regularly to review challenges and successes, and to address problems and create solutions. Consider developing and using a meeting report form.
- Consider reviewing and co-signing appropriate communication to residents and staff to promote team effort.
- Follow the same policy regarding the acceptance of gifts.

The Role of the Service Coordinator on the Management Team is to:

- Provide outreach to residents regarding entitlement programs and services available to assist them.
- Link residents with services and resources to address their needs.
- Provide support and referrals to residents to assist them in remedying lease violation to help prevent evictions and decrease resident turnover.
- Support problem-solving and mediation between residents.
- Identify potential resident problems (health-related, interpersonal, etc.) and intervene before a situation becomes a crisis.
- Coordinate with Property Manager on issues related to the health and safety of residents and building/unit maintenance.
- Coordinate the delivery of prevention programs for residents such as: home injury, safety prevention and other wellness and safety programs, social and recreational activities, and support groups.
- Develop and support resident leadership and participation in resident programs and activities.
- Maintain documentation of interactions and interventions with residents.
- Work to empower residents to advocate for themselves; to be independent and self-sufficient.
- Advocate for services for residents as appropriate.

- Promote community-building activities.
- Promote partnerships with community groups, neighborhood-based resources and organizations.
- Provide data and information for budget planning and grant applications.

The Role of the Service Coordinator is NOT to:

- Provide social activities for residents (coordinating activities is acceptable).
- Assess resident's level of functioning (assessing service needs is acceptable).
- Provide transportation.
- Provide medical services, diagnoses or medical advice.
- Provide direct services or hands-on care.
- Perform front office administrative tasks.

Role of the Service Coordinator and Resident Programs

According to HUD's Chapter 8 on Service Coordination, "A Service Coordinator links residents in subsidized housing to supportive services or medical services provided by public agencies or private practitioners within the general community." HUD also states that, "The Service Coordinator should not be assigned responsibility as the project's recreational or activities director, nor provide support services directly (except in emergency situations). The Service Coordinator cannot assist with other administrative work normally associated with the project(s) operating budget."

Outlined below are acceptable roles for the Service Coordinator to be involved in and some to avoid entirely.

Appropriate Service Coordinator Activities:

- Welcome new residents within two weeks of move-in, letting them know of the Service Coordinator role in the management team.
- Develop a directory of local services.
- Work with Property Management to develop a house or community rules handbook.
- Provide referrals for services.
- Educate residents and assist them in accessing entitlement programs and other federal, state and community resources.

- Advocate for services and programs on behalf of individual residents and the residential community as a whole.
- Survey residents to learn about their unmet needs and program interests.
- Encourage and help residents organize activities like support groups, skill-building workshops and social events.
- Coordinate monthly or bi-monthly onsite programs and services for the resident community related to increasing the residents' independence or self-sufficiency such as healthcare, finances, career development or benefits.
- Coordinate collaborative efforts with community groups (i.e., girl or boy scouts, churches, civic groups, schools, self-help groups), community agencies and volunteers to provide onsite social and support activities and services; i.e., congregate meals, after school programs, day care or computer education.
- Produce a monthly newsletter and/or calendar of events.

Inappropriate Service Coordinator activities (find an agency, other staff or volunteer to perform these activities):

- Running errands for residents.
- Providing personal care or housekeeping services.
- Calling bingo games.
- Facilitating support groups.
- Assessing resident's mental or physical level of functioning.
- Collecting rent.
- Administrative duties for the Management Company or owner.

Welcome New Residents

Moving to a new community can be a stressful time for residents. Providing information on the property's service program and the Service Coordinator's role and responsibilities to every new resident prior to move in will alleviate some of the resident's stress and help him/her adjust to their new community more quickly. Follow-up by the Service Coordinator within two weeks of move-in whenever possible in an effective way to begin a good relationship with each resident and to identify service needs and make appropriate referrals before a crisis happens.

A plan to make new residents aware of service coordination needs to be established and consistently followed to be effective. An information sheet for new residents that includes the Service Coordinator's role, name and contact numbers, office hours and the location of the office is recommended. Ideally the Property Manager will notify the Service Coordinator as soon as possible when a new resident is moving in and provide the new resident with a brochure or flyer about the Service Coordinator and various services/programs.

When the Service Coordinator meets with the new resident, it is recommended that a folder of information be provided that includes:

- Flyers and pamphlets from local agencies
- A list of supportive services offered in the area, such as:
 - Pharmacies that deliver
 - Churches, synagogues, mosques
 - Child care providers, after school programs
 - Meal sites and nutrition services
 - Transportation programs.
- Examples of the services the Service Coordinator can refer to and assist in obtaining, such as:
 - Medicare, MediCal (Medicaid)
 - Understanding insurance statements and medical bills
 - Food stamps, commodity foods, WIC
 - Home care, housekeeping services
 - Parenting resources
 - Career counseling and job search assistance
 - Credit counseling and money management
- The property's monthly newsletter or calendar
- A written explanation of how:
 - The Service Coordinator, Clinical Provider, and the Property Manager work together and independently

- Confidentiality works (This is an appropriate time to have the resident sign the Release of Information and Confidentiality forms.)
- An Emergency Information Sheet (It is not recommended that the Service Coordinator keep copies of the emergency information sheets in his/her file because the materials can become quickly outdated without the Service Coordinator knowing. Encourage the resident to update annually or sooner as information changes and to put in a place known to local EMTs.)

Linking Residents to Community Resources

A key role of the Service Coordinator is the linking of the resident to community resources. In order for a Service Coordinator to be effective, they must be knowledgeable in area resources.

Strategies for developing and staying up to date with community resources:

- Create opportunities for networking with other services providers. Learn the complexities of each local agency and get to know agency representatives on a personal basis.
- Attend area human service provider meetings several times a year and get on their mailing list for agendas and minutes.
- Collect brochures of state and community agencies
- Develop a resource database. Service Coordinators need to have on file a list of resources where residents can get food stamps, home health services, mental health services, food banks, Medicaid, meals, transportation, domestic violence services, substance abuse services, career development services, credit counseling, parenting resources, to list a few.
- Don't re-create the wheel; check to see if United Way, Los Angeles City Housing Authority, or another agency has an updated resource list for your area.
- Use community resources such as 211 LA County, local housing authorities, local agencies, etc.
- Create a file for each agency listing the services they offer. This can be a computerized or a paper file. Be sure to collect information that includes telephone numbers, contact people, details about eligibility, restrictions on services, benefits and office hours.
- Linkage of community services is not just for meeting the health care needs of residents.

Successful linking may include:

- Knowing the religious leaders who may be able to meet the spiritual needs of individual or the resident community.
- Visiting the local library to initiate a book delivery program

- Connecting with a local theater to inquire about free or reduced ticket prices for residents
- Seeking out volunteer programs for residents to participate in or receive services from.
- Provide space for skill building workshops, support groups, after school programs, a computer center, and social events.

Formal or informal, professional or volunteer, usual and unusual programs and agencies are available to be sought out to help meet the needs of the residents. By doing this the Service Coordinator accomplishes two things. First, it brings important and useful information to the residents. Second, it provides an opportunity to share information about the needs of the resident community and the role of the Service Coordinator to the service provider.

Recruiting and Using Volunteers

Volunteer services can be used to augment or fill gaps in services. Volunteers can be recruited by using existing volunteer programs such as RSVP, Interfaith Volunteer Caregivers, Big Brothers/Big Sisters, Voluntary Action Program, Los Angeles Volunteer Center, Literacy Volunteers, AARP, AmeriCorps, Foster Grandparents and Senior Companion to name a few. A list of volunteer groups and opportunities may be found through local information and referral centers. Volunteers recruited from well-established volunteers programs have job descriptions and receive supervision by the volunteer agency with the Service Coordinator providing onsite monitoring. Many Service Coordinators have been successful working with service clubs to access volunteers and others have found success in working with faith congregations or schools. Another important source of volunteers is the residents in your community. The Service Coordinator needs to know how to manage liability risk when using volunteers that are not through a volunteer agency.

Below are a few ideas of how can enhance existing services.

Volunteers can help individual residents by:

- Providing simple companionship, either in person or phone visitation.
- Providing respite to a caregiver of a disabled child or adult.
- Providing support to parents.
- Mentoring youth.
- Tutoring and helping with homework.
- Helping with household chores and/or teaching housekeeping skills.
- Taking pets or service animals to the veterinarian.
- Providing transportation to shopping, medical, educational and employment related activities.

- Assisting the sight or cognitive impaired resident with paying bills or reading.
- Assisting with errands or shopping.
- Assisting with reduction of clutter by organizing photo albums, mementoes, sorting through clothing, books and newspapers, mending, organizing cupboards and closets.
- Teaching technological operations and skills such as operating VCR, DVD, computers, answering machines, cell phones, etc.
- Reminiscing and assisting with life reviews, writing autobiographies, memoirs and stories.
- Helping to write letters, cards, etc.
- Taking residents on trips, such as fall foliage rides.
- Screening for home safety (throw rugs, candles, extension cords, lighting, clutter, child safe locks, electrical outlet safety plugs, etc).

Volunteers can help with group activities like:

- Calling bingo.
- Providing youth activities.
- Providing skill-building workshops (i.e. parenting, career related, budgeting/debt management, assertiveness, grief management, cooking, etc.).
- Facilitation weekly coffee hours and resident networking groups.
- Facilitation social activities (coffees, potlucks, card games, chess and checkers).
- Raising funds for activities.
- Facilitating hobby groups (knitting, sewing, scrap books, crafts, holiday decorations, etc.).
- Facilitating self-help and support groups.

Residents can also volunteer to:

- Organize “get to know your neighbors” activities.
- Help with after-school activities (reading, games, etc).
- Share/teach a hobby or skill.
- Write articles for the newsletter.

- Distribute the newsletter/flyers.
- Maintain the bulletin board.
- Set up for activities/groups.
- Water plants in community areas.
- Plant flowers in gardens.
- Welcome new residents.
- Daily telephone reassurance calls.

Essential for working with volunteers:

- Provide a description of duties, limitations and protocols for even the smallest of tasks.
- Provide orientation for duties and monitor volunteer activities regularly.
- Provide on-going support and training.
- Recognize volunteers frequently in a variety of low-cost ways.
- Recognize volunteers formally each year.

Hospitals, churches, schools, and libraries are great places for residents to volunteer. Place notices about volunteer opportunities for residents on the community bulletin board.

The Dual Role of the Property Manager/Service Coordinator

Sometimes a Property Manager is asked to take on the additional role of a Service Coordinator. While this is not a common practice around the country, there are quite a few Property Managers who are also the Service Coordinator for the property. This can be an acceptable way of bringing service coordination to a property that cannot afford a separate Service Coordinator position. However, it is important to be aware of potential conflicts and dilemmas that may arise and to be prepared to respond appropriately.

Balancing the duties of both positions within the allocated time is very difficult. Management issues often appear pressing and time sensitive and may push out the seemingly less urgent service coordination responsibilities until the issues become critical.

Being a successful Property Manager and a successful Service Coordinator requires similar but somewhat different knowledge bases and skill sets. One individual may not have all the requirements to be successful in both positions. Attending trainings specific to each field is important.

Be aware that alternating “hats” as needed may be confusing to the residents. Where possible set up specific times for residents to come to you for assistance with services that are not urgent. When handling a difficult resident situation utilize community resources to give yourself and the resident as much support from others as possible.

Complaining

Criticizing

Dismissing

Arguing

Assuming a Victim Role

Gossiping

Blaming

Explaining

Offering Excuses

⇐ Reactive

- Negative Language

Historical Information →

Coaching

Counseling

Providing Information

Providing Education

Being Supportive

Developing Action Plans

Assuming Responsibility

Discussing

Cooperating/Collaborating

Proactive ⇨

(Stop, Think, Do)

Event/
Situation

+ Positive Language

← — An explanation is not a resolution. →

PROBLEM-SOLVING/DECISION-MAKING PROCESS

STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
WHAT	HOW	WHAT	HOW	WHAT
Define the situation.	Determine the emotional response to the situation.	List options/alternatives/possibilities/ideas to address situation.	Assess the response to each alternative/option/possibility.	Select the best alternative to address the situation.
"What's happening?" "What's going on?" "What do you need?" "What's on your mind?" "What would you like to talk about?"	"How are you feeling?" How does that make you feel? How are you doing? "How did you deal with that?"	"What have you done about it already?" "What do you see as a possibility?" "If you could change anything what would you do?" "What do you think would work in this situation?"	"How do you feel about that idea?" "How does that possibility work for you?" "How does this option differ from that one?" "How do you think this alternative will work in your situation?"	"What would you like to do about it?" "What do you think is the best option for you?" "What alternative are you most comfortable with?" "What would you like to try in your situation?"
Defining Situation	Exploring Options			Selecting Alternative

The alternatives selected become the "goals" that the person chooses to take in order to resolve the situation.

NOTES:
